

PAIN MANAGEMENT IN CANCER PATIENTS

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The life-expectancy of cancer patients has been extended with advances in therapy (De Vita et al 1979). As a consequence, Health Care Professionals face an increasing population of cancer patients whose primary need is to maintain an optimal quality of life. The chief complaint of many terminal cancer patients is pain. Although pharmacological, anaesthesiological, surgical and oncological techniques for the relief of pain are nowadays available, reports from USA as well as from Europe (Bonica 1986, Darrepaal et al 1989) indicate a severe undertreatment of cancer pain.

Effective pain management is one of the four priorities in a comprehensive WHO cancer programme, the others being primary prevention, early detection and treatment of curable cancers (WHO 1986). High priority is placed on improving the knowledge of pain treatment in terminal illness among physicians, nurses and pharmacists. For more effective education, information is needed about the present situation in the treatment of cancer pain.

In Malta, no information is available yet, on the prevalence of pain in cancer patients, nor on the current status of pain treatment. In order to assess the quality of pain control and terminal care of cancer patients in this country, three studies were therefore carried out. In one study, interviews were conducted to cancer patients in hospital. Two questionnaire studies were also carried out, one directed to physicians and the other to relatives of cancer patients who died in Maltese hospitals.

Methods

Study 1:- Patient Interviews

60 consecutive patients admitted to the cancer wards of Sir Paul Boffa Hospital were screened for pain complaints. Twenty seven patients reported being in pain at the time of the interview. Of these, 6 were included in the pilot stage of the research. The remaining 21 patients represented the final study sample. The interview protocol covered the following topics: (1) pain intensity and pattern; (2) the effect of pain on daily activities, sleep and mood state; (3) factors influencing the pain experience; (4) the use and perceived effectiveness of analgesics. Each week during a patients stay in the hospital, a short version of the interview was conducted. Additionally, 2 physicians experienced in the treatment of cancer pain were asked to rate the adequacy of the pain therapy and to provide suggestions for change in those cases where the

pain management was considered to be inadequate. The raters were provided with the necessary information from the medical records and the patient interviews on which to base their judgements.

Study 2: Questionnaire Survey among Maltese physicians

A questionnaire concerning current practice and experiences in the treatment of cancer pain was sent to 200 physicians. This study was based on the replies from 84 physicians who stated that they at least sometimes see cancer patients. Three simulated patient cases were presented in the questionnaire, and the adequacy of the treatment suggestions were evaluated. The physicians' view on the role of the medical authorities, the problems experienced in pain treatment, their opinion about drug abuse and side effects, and the influence of basic and postgraduate education were requested.

Study 3: Questionnaire Survey among Relatives of Cancer Patients who died in Maltese Hospitals

In order to evaluate the quality of pain treatment, terminal care and psychological support in Malta, a questionnaire was sent to the closest relatives, as defined by the hospital routine, of 250 cancer patients, who died in hospital during 1990. The names and addresses of the nearest relatives were obtained from the patient's case records, which were selected by diagnosis from the hospital's yearly statistics. The study is based on the replies from 140 family members. The questionnaire consisted of 21 multi-choice questions. After the questions, the respondents were asked to freely express their comments and suggestions regarding the case of a dying patient in a hospital.

Results

Study 1: Patient Interviews

Of the 60 hospitalised cancer patients screened, 27 (45%) were found to be in pain. Although 57% of these patients had found ways to reduce their pain, nearly one third reported being seriously limited in their daily activities. Sleep disorder and mood disturbance also were related to the experience of pain. Applied pain management strategies were rated by the 2 physicians as inadequate in 52% of the cases. The most frequent recommendations for improved pain management was an increase in the dosage or a change in the class of analgesics.

Study 2: Questionnaire Survey among Maltese physicians

The results of the questionnaire study addressed to physicians indicate that drugs predominate in the treatment of cancer pain in Malta. However, only half of the physicians reached the criteria of correct use of analgesics for chronic pain in terms of daily doses and dose intervals. The mean daily doses of opioids prescribed for severe cancer pain were equivalent to 24 and 39 mg of intramuscular morphine in 2 of the 3 simulated patient cases. These doses represent one third and one half of effective daily doses, respectively.

According to the physicians themselves, the factors which mainly determined the current practice in pain treatment were the physician's own clinical experience, post-graduate education and the example of colleagues. Most respondents, however, told that they see cancer patients only occasionally. Thus, the possibility of getting feedback from their own treatment is small.

According to the physicians, the most frequent problems in the treatment of cancer pain was the ineffectiveness of the therapy. The side effects of drugs was the first-mentioned problem for 19% of the respondents. Drug dependence was seen by 27% of the physicians, but a detailed description of the problem revealed that in most cases, tolerance, withdrawal symptoms or undertreatment were called 'dependence'.

Study 3: Questionnaire Survey among Relatives of Cancer Patients who died in Maltese Hospitals

According to the relatives of the deceased patients, pain had been present in 74% of the cases. In most cases the pain had lasted for more than several months. The psychological support given to the patients and their families in hospital had been satisfactory in less than fifty per cent. In the free comments written by the family members about terminal care in hospital, the loneliness of the patient was the predominant theme. Poor pain treatment was complained of in 14% of the 95 free comments.

Conclusions

1. The overall prevalence of pain among hospitalised cancer patients appears to be 45% as determined from the patient interviews. Pain

management during hospitalisation was judged to be inadequate in more than half of the evaluated cases. Furthermore, the results suggest that a broader range of treatment strategies need to be employed. These include nerve blocks, neurosurgical procedures and other potentially useful behavioural interventions.

2. Cancer pain is undertreated in Malta. Physicians often use too weak analgesics in two small doses and with too long intervals. There is a need to reinforce the teaching and training of Maltese physicians and medical graduates in the principles of the treatment of cancer pain.
3. The prevalence of pain among dying cancer patients seems to be 74% as indicated by the family members. The relatives of cancer patients think that the patients and their families do not get the psychological support they need. In the present situation, there are no resources to provide dying patients with care-giving personnel for a longer time than is required for routine physical and medical assistance. For better patient care, a change in the situation is urgently needed.

Pharmacists can contribute to the struggle against cancer pain both in the community as well as in the hospital setting, and locally there is indication for extension of the role of the pharmacist in this field.

References

De Vita VT, Oliverio VT, Muggia FM et al. The drug development and clinical trials programs of the Division of Cancer Treatment, National Cancer Institute. *Cancer Clin Trials* 1979; 2: 195-216.

Bonica JJ. Past and current status of pain research and therapy. *Semin Anesth* 1986; 5: 82-99.

Dorrepaal KL, Aaronson NK, Van Dam FSAM. Pain experience and pain management among hospitalised cancer patients. *Cancer* 1989; 63: 593-598.

Cancer Pain Relief. Geneva: World Health Organisation, 1986: 7.